



TRIGGER POINT DRY NEEDLING CONSENT AND REQUEST FOR PROCEDURE

Trigger point dry needling (TDN) involves placing a tiny acupuncture needle into a muscle or muscles in order to release shortened bands of muscles and decrease trigger point activity. This can help resolve pain and muscle tension, and promote healing. This is not traditional Chinese Acupuncture, but instead a medical treatment that relies on a medical diagnosis to be effective. Qualified physical therapists at CU Sports Medicine and Performance Center have met requirements for Level I and Level II competency in trigger point dry needling training involving 46 hours of face to face instruction. All training was in accordance with requirements dictated by the Department of Regulatory Agencies (DORA) in Colorado, for your safety.

TDN is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Operation or Procedure: I, _____ authorize _____ to perform Trigger Point Dry Needling for my diagnosis of _____.

Alternatives: _____.

Consequences of no treatment include, but are not limited to: _____.

Risks: The most serious risk with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. Additional possible complications include possible increased pain or other symptoms. As the needles are very small and do not have a cutting edge, the likelihood of any significant trauma from TDN is unlikely.

Benefits: _____.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. By my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

DO NOT SIGN UNLESS YOU HAVE READ & THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdraw consent for this procedure at any time before it is performed.

Patient or Authorized Representative

Date

Time

Relationship to patient (if other than patient)

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

Physical Therapist

Date

Time